



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND DISABILITY SERVICES ADMINISTRATION
PO Box 45600 * Olympia, WA 98504-5600

April 12, 2012

CERTIFIED MAIL
(7007 1490 0003 4208 1383)

Notice Dated January 9, 2012 Amended Per IDR

Administrator
Maple Glen Assisted Living Community
1700 North 13th Loop Road
Shelton, Washington 98584

Boarding Home License #1447
Licensee: Shelton Assisted Living LLC

**AMENDED IMPOSITION OF CIVIL FINES AND
IMPOSITION OF A CONDITION ON A LICENSE**

Dear Administrator:

Per Individual Dispute Resolution results, this letter constitutes formal *amended* notice of the imposition of civil fines and a condition on the license for your boarding home, located at **1700 North 13th Loop Road, Shelton, Washington**, by the State of Washington, Department of Social and Health Services, pursuant to Laws of 1998, Chapter 272; RCW 18.20.190.

WAC 388-78A-2600 (2)(j)(i) Policies and procedures. \$100.00

The facility failed to implement their policy regarding how to respond to aggressive or assaultive residents.

WAC 388-78A- WAC 388-78A-2600 (2)(j)(iii) Policies and procedures. \$100.00

The facility failed to have a policy that addressed when and how to seek outside intervention if a resident becomes assaultive.

WAC 388-78A-2630 (1)(a) Reporting abuse and neglect. \$100.00

The facility failed to ensure staff reported allegations of verbal abuse to the department.

The department is authorized by RCW 18.20.190 to impose a condition on your license for the below violations:



WAC 388-78A-2600 (1)(a)(b)(2)(a)(j)(i)(ii)(iii) Policies and procedures.

The licensee failed to prevent verbal, mental, and physical abuse of the residents by ensuring the facility's Abuse Prevention Policy was implemented. In addition, the facility's abuse policy, when given to Licensors, failed to evidence the facility's responsibility to investigate incidents of abuse and neglect and failed to direct staff to ensure all residents were protected during the course of the investigation.

The department, based on the findings of the inspection, has determined that the following condition shall be placed on your license:

- *The facility must hire by January 23, 2012, an outside consultant to assist the facility in review of their abuse and neglect prevention policies and procedures and ensure they are in compliance with the state requirements.*
- *The outside consultant will train the facility on recognizing and identifying signs of abuse including information on Resident Protection, Incident Investigation, Mandated Reporting to multiple entities and corrective and preventative measures.*
- *The facility will also offer residents a class given by an outside consultant to include topics such as recognizing abuse and neglect and to whom incidents of abuse and resident right violations should be reported.*
- *Licensee must post the Notice of Conditions of Operation in the boarding home in a location accessible to residents and visitors.*

The effective date of the condition on your license is **January 9, 2012**. As provided in RCW 18.20.190, the effective date of the condition on your license will not be postponed pending an administrative hearing or informal dispute resolution review.

Plan
(Plan of Correction)

You Must:

Return the plan, on the enclosed report, within 10 calendar days after you receive this letter.

Include the following in your plan for each deficiency:

- The date you have or will correct each deficiency; and
- Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency

Send your plan to:

**Nancy Tyson
PO Box 45819
Olympia, WA 98504-5819**

You may contest the civil fines and condition on your license by requesting an administrative hearing. To do so, the Office of Administrative Hearings must receive your written request for a hearing within twenty-eight (28) calendar days following your receipt of this letter. A copy of this letter and a copy of the enclosed Statement of Deficiencies must be included with your request. Send your request to:

**Office of Administrative Hearings
PO Box 42489
Olympia, Washington 98504-2489**

If no hearing is requested, the fine is due twenty-eight (28) calendar days after receipt of this notice. Please remit a check for \$300.00 payable to the Department of Social and Health Services. The check should be sent to:

**DSHS Office of Financial Recovery
PO Box 9501
Olympia, Washington 98507-9501
1-800-562-6114**

If payment has not been received within twenty-eight (28) calendar days after receipt of this notice, interest will begin to accrue on the balance at the rate of one percent per month. If you do not submit a hearing request or make payment within twenty-eight (28) calendar days, the balance due the department will be recovered.

As provided in RCW 18.20, you may request an informal dispute resolution review of enforcement actions initiated in response to a Statement of Deficiencies report. During the informal dispute resolution process you also have the right to present written evidence refuting this action. A request for informal dispute resolution review will not change the deadline for you to request an administrative hearing. Informal dispute resolution review by the department is not binding in an administrative hearing.

To request an informal dispute resolution review, send your written request to:

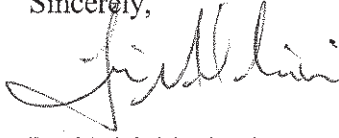
**Informal Dispute Resolution Program Manager
Aging and Disability Services Administration
PO Box 45600
Olympia, Washington 98504-5600
Fax (360) 725-3225**

The written request should:

- Identify the citation and/or enforcement action that is disputed;
- Explain why you are disputing the action;
- Indicate the type of dispute resolution process you prefer (direct meeting, telephone conference or documentation review); and,
- Be sent within 10 working days of your receipt of this notice.

If you have any questions, please contact Nancy Tyson at (360) 664-8423.

Sincerely,



Lori Melchiori, Ph.D.
Assistant Director
Residential Care Services

Enclosure

cc: Linda Ronco, Compliance Specialist
RCS Field Manager –District 3 Unit C
RCS District Administrator – District 3
HCS Regional Administrator – Region 3
DDD Regional Administrator – Region 3
Washington State Long Term Care Ombudsman
Area Agency on Aging, AAA- LMT
Office of Financial Recovery, Vendor Program Unit
Medicaid Fraud Control Unit
John Ficker, HCS
HQ Central Files